

CLEVEDON TOWN COUNCIL GRANT APPLICATION FORM

The Council House, 44 Old Street, Clevedon, BS21 6BU

Tel: 01275 877815 – Office hours: 9am to 2pm

To assist the Council in considering your request for a grant you are asked to provide the following information:

BY NOON 31st July 2019

Name of Organisation:

Name of contact person:

Position:

Address:

.....

Postcode:

Tel:

email

ORGANISATION DETAILS

[Please tick only one]

Is your organisation?

- A registered charity Charity No:.....
- Awaiting charity registration
- is your organisation Voluntary / Non profit making?

Does your organisation have a constitution? Yes / No
(If no, please explain on a separate sheet how your organisation is governed)

What are the main aims of your organisation?
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.....
.....
.....
.....

How many Members does your organisation have?

How many people regularly take part in your organisation?

How many regularly receive the service you provide?

What is their average age range?

What percentage are Clevedon residents?

[National charities are required to provide evidence to support this]

GRANT REQUEST

How much are you applying for from Clevedon Town Council? £

The Town Council wishes it to be noted that there is only limited sums in its budget for grants

Name on the Cheque if different from the organisation name

.....
Please describe the scheme / project for which a grant is required

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.....
.....

Is this a continuation or development of an existing scheme [] or a new scheme? []

What is the anticipated total cost of the scheme / project? £.....

What fund raising efforts have your organisation undertaken or planned in respect of this scheme?

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.....

What other bodies have you approached for funding for this scheme / project?

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.....

If the total cost of the scheme / project exceeds the funding applied for, how will you find the balance?

.....
.....

Please provide copies of your last audited accounts [] a copy of your current cash flow with details of finances held []

or if a new project a copy of a business plan and statement of financial intent

You may attach extra sheets if you have additional information to support your application.

I(your name)

- (i) Have read and understood the conditions and criteria under which Grant Aid is given by Clevedon Town Council, and will abide by them
- (ii) Undertake on behalf of the organisation that any funding award (or part funding) made by the Council will be repaid if:-
 - The organisation is found to be in breach of the conditions
 - Or the facilities cease before completion of the scheme / project for which the purpose of the funding was given
- (iii) I understand that the information provided on these forms will be held in the Council's records and under the provision of the Freedom of Information Act may be eligible to access by the public and press.
- (iv) I understand that I may have to provide a written report on how the grant was spent, at 6 months and 12 months after the grant is awarded.

Signed (on behalf of the organisation)